Integrated Testing Project
Frequently Asked Questions

Q1. For agencies that have multiple programs in your identified geographic area does an application need to be filled out for each specific location? Is funding distributed by site or agency? Example an agency with 5 locations could be capped at the same start up rates as a program selected with one location?

A. Yes. Each program should submit a separate application.

For example:
Acme Services has sites in Road Runner County, Donald Duck County, and Bugs Bunny County. In this case, Acme Services can submit three separate applications. IF the program in Donald Duck County has 3 sites within its geographic area, they will decide which of these 3 sites will perform testing and disperse the funds among those sites as they determine appropriate.

Stipends are awarded to the program not the Coordinating Agency.

Q2. It is not clear to us if the stipend criteria ask for testing of all current existing population , or only screening of new intakes effective March 1, 2013 for the duration of the project.

A. Screening will be conducted on intakes from program implementation forward.

Q3. Our site is moving to another building on March 5, 2013. Is it possible that the start date is moved to March 15, 2013 so we can have ample time to situate the clinic into a new space?

A. Yes. There will be significant training and protocol development before you begin screening.

Q4. Is a CLIA certificate for waived test required at the time of application submission or can it be obtained during the start-up phase?

A. The CLIA waiver is not required at the time of application.

Q5. We are an in-patient detoxification and residential facility who contract with surrounding community health agencies to provide treatment for both indigent populations and we also bill through commercial insurance. Many of our coordinating agencies authorize a limited amount of units (days of treatment) that can range between (minimum) 3 to 30 days (maximum). While we would be able to provide testing to the population we believe this project is trying to serve, we are concerned with the non-rapid testing

(urinalysis) that patients could be discharged or leave before results and referrals for treatment could be made. If non-rapid testing results (i.e. urinalysis) were not confirmed and reported back to our agency before discharge are there any issues on MDCH's side on using a HIV authorization for release of information to our coordinating agencies as a standard (if client is agreeable) to make sure that clients are able to be contacted and referred for appropriate treatment if necessary?

A. Results can be shared with the agency that will be providing treatment. Please include in your procedures steps to assure that treatment information (date of treatment and medication) are reported back to you so they can be part of the client record.

Q6. What does technical assistance, training and support include? Is this in addition to the allocated funds or should the allocated funds be used to also include training? Is the training (in particular) standardized through MDCH or is training something our agency can independently choose?

A. There will be significant training involved with implementation, including information about the infections, counseling, specimen collection and reporting, etc. MDCH will provide or facilitate training and technical assistance to expand the capacity of selected agencies to implement the program. Technical assistance is provided in addition to the allocated funds.

Q7. The "selection criteria" section in the RFA, states that we must serve clients in one or more certain high-risk counties; we do serve clients in these areas but were wondering if the Integrated Testing Project can be implemented on all clients served regardless of the county they come from? As a general rule, all of our clients do reside in the state of Michigan (FYI).

A. If the site is located in one of the high risk counties and has a client from outside that area, they can still be provided testing.

Q8. In the "Program Requirements: Program Implementation" section it states that, "...It is expected that successful applicants will have fully implemented communicable disease screening for at least three full months during the first year of the award..." Is this referring to the actual implementation of the diagnostic communicable disease screening (i.e. rapid test HIV/Hep C. and urinalysis for gonorrhea and chlamydia) in that there is a 9-month "start-up period" for staff training and creations of policy/procedure?

A. MDCH operates on an October – September fiscal year. The expectation is that sites use the first 90 days (after the award) to become fully trained and have procedures in place to implement the project.

Q9. Though we are pretty clear on the allocation of funds, we just wanted to make sure that the facility that is granted the funds is not supplied with the testing equipment but must instead purchase them from the initial funds allocated? If so, are there certain manufacturers/suppliers that you would like facilities to purchase the drug screens from or is this in facility-lead independent choice (as long as testing is CLIA waived)?

A. The testing supplies will be provided by MDCH in addition to the stipend. The project funds are intended to support structural change, including policy and practice adjustments within the sites, as well as efforts to ensure that testing becomes the standard of care, and therefore sustainable.